Patient/User Oriented Health Promotion in General Practice in Ireland

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Irish College of General Practitioners

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Background to Health Promotion within General Practice in Ireland

There is relatively little information available on health promotion within general practice in Ireland. The structure of Irish health care does not specifically support health maintenance or health promotion in the general practice setting. Preventive activities do not attract remuneration in general practice, at present. However, there is evidence that this is changing, particularly in specific initiatives e.g. co-ordination of services for the elderly, implementation of the cardiovascular strategy and the introduction of a national cervical screening programme.

Health promotion programmes directed at the general public are primarily organised by the Health Promotion Unit of the Department of Health and Children and the individual Health Promotion Units of the regional Health Boards / Regional Health Authorities and are essentially “outside” general practice. A range of voluntary bodies, such as the Irish Cancer Society, the Irish Heart Foundation and the Asthma Society also provide health information to the general public.

There are no formal guidelines for health promotion within general practice, though much informal health promotion occurs within the consultation. This information is supported by GP training in communication skills and patient information leaflets provided to general practice by the Irish College of General Practitioners, the Health Promotion Unit and the voluntary bodies.

Individual practices provide health education in a number of different programmes in addition to opportunistic health advice during individual consultations.

- Disease-oriented clinics such as Asthma clinics, Diabetic clinics, Hypertension clinics, etc. encourage health education, control of the condition and discussion of any problems.
- Well Woman Clinic components include breast examination, cervical smear testing and the management of menopause and hormone replacement therapy.
- Pilot projects such as “Healthy Man Week” inviting men in a specific age group to attend for risk factor screening.
- Paramedical staff attending at general practices to provide specific services such as dietetic advice, weight management programmes, counselling and behaviour therapy sessions etc.
- Patient information leaflets and patient libraries in some practices.

The models of good practice outlined in Part A describe initiatives developed with specific general practice involvement which are directed at improving the health promotion activities within general practice. “Direct to the public” initiatives by the Health Promotion Units and voluntary bodies are excluded.
The initiatives, guidance documents and national strategy documents are examples of the health promotion activity within general practice in Ireland. This report does not aim to provide a comprehensive listing in any of these areas.

A number of the initiatives described in this report also have a pharmacy component that is described in the Community Pharmacy report from Ireland.
Methadone Treatment Protocol

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Initiative commissioned by:
Department of Health and Children

Initiative co-ordinated by:
Irish College of General Practitioners

Running time of initiative:
Commenced October 1998 – ongoing

Current state of the project:
Integral part of everyday practice

Short description of the project:
The problem of substance misuse is a growing one in our society. Irish data suggest an opiate problem involving approximately 13,000 people. In 1996, some 5,000 opiate addicts were treated. This confirmed the need to expand treatment services with involvement from primary care in order to meet the demand for treatment. A Methadone Treatment Protocol (MTP) was developed by the Irish College of General Practitioners and in collaboration with the Department of Health, the Pharmaceutical Society of Ireland and the Eastern Regional Health Authority (the main service providers).

The MTP is a national programme with regulations regarding methadone prescribing and dispensing in primary care. All doctors and pharmacists involved in treating addicts with methadone must, by law, be part of the new scheme. The main goal of the programme is to return stabilised addicts to their communities, “normalising” their interaction with medical services. This allows them to seek employment and live a more normal life. It also frees up places in the drug treatment centres for new addicts to be taken into treatment programmes.
In Level I, once an addict has been stabilised in a drug treatment centre, care is transferred to a participating GP. Patient and doctor agree a contract that provides for regular review with prescription of methadone and other medications as required. Regular supervised urine samples are taken for screening. Methadone is prescribed on a special prescription form and the GP cannot alter the agreed dose. If amendment is required, the patient must be referred back to the drug treatment centre.

The patient also signs on with a participating pharmacist. Each patient is provided with an identity card with photograph, which is held at the participating pharmacy. The patient then presents the methadone prescription at the nominated pharmacy and the prescribed dose is dispensed.

General practitioners participating in the programme must undergo training. There are two levels of training and, consequently, of service provision. Level 1 doctors look after stable opiate addicted patients (up to a maximum of 15 patients per doctor) who have been deemed suitable for methadone maintenance in general practice. Level 2 doctors have the necessary skills to assess, stabilise and manage the ongoing care of drug misusers (up to a maximum of 35 patients per doctor).

There are educational and training imperatives at each level and GPs must attend quarterly continuous medical education meetings and undergo an annual audit.

Pharmacists also have to participate in training programmes. Training programmes for GPs and pharmacists take place separately at present.

Results of systematic project evaluation (GP):
1. Audit: An audit nurse, appointed jointly by the Irish College of General Practitioners and the Eastern Regional Health Authority, carried out an external practice audit of doctors applying for Level 2 status. To date, 17 doctors have received accreditation as a result of the audit. Auditing of Level 1 doctors has now commenced.
2. GP satisfaction survey: This survey shows a high degree of satisfaction with the programme. 85% of GPs say they are now more likely to take patients on Methadone treatment since the introduction of the protocol. 83% feel their understanding of addicts has improved and 90% are satisfied with the training programmes.
3. Patient satisfaction survey is currently in progress.

Project results so far:
- This programme has now been running for eighteen months with a high level of satisfaction. The number of addicts officially in treatment has increased since the introduction of the MTP from 3,350 to 4,330.
- 70% of addicts in the programme are opiate free, with the exception of their prescribed methadone.
- 40% of addicts in the programme are working.
- There were 90 GPs involved in prescribing methadone on a regular basis at the time of introduction of the programme. There are now 206 doctors trained at Level 1. This has resulted in the transfer of 1,445 patients from Drug Treatment Centres to general practice.
- Training of GPs at Level 2 commenced in January 2000.
- Results of audit and GP satisfaction survey are outlined above.
- Reports from outreach workers and patients suggest that less methadone is finding its way onto the black market since the introduction of the programme.
- The drug-related crime figures, as reported by the Gardaí, have fallen by 60% in 1999.

Important factors supporting development and implementation:
- Knowledge and skills of task force established by the Irish College of General Practitioners who developed blueprint for service development in general practice.
- Support from the Department of Health and Children with the establishment of an expert group to implement the MTP.
- Co-operation, input and support from the expert group which included representatives from the main service providers – the Pharmaceutical Society of Ireland, the Department of Health and Children and the Eastern Regional Health Authority, in addition to the Irish College of General Practitioners.
- Knowledge, skills and experience of the Project Co-ordinator (Dr. Ide Delargy) who has worked with substance misusers in the UK and Ireland.
- Good infrastructure and back-up services at the Postgraduate Resource Centre of the ICGP.

Most important barriers concerning development and implementation:
- Attitudinal difficulties among doctors who previously had bad experiences in treating drug misusers.
- Similar difficulties with communities who objected to drug treatment being made available in their areas.
  This has improved since the introduction of the regulations and the better organisation of the treatment programmes.

Which specific aspects of initiative are especially well developed or otherwise instructive:
- There is a high level of satisfaction with the training programmes organised by the ICGP. Courses are delivered in the format of short presentations interspersed with small group interactive work.
- The audit process has been the first external audit of a practice activity undertaken by the ICGP. It has been refined over the first phase of the protocol and now includes an element of self-audit by the GP in addition to external review.

Available publications, reports, self-descriptions etc:
An Irish Solution to an Irish Problem: the Methadone Treatment Protocol (submitted for publication)
A Patient Satisfaction Survey with the Methadone Treatment Protocol (submitted for publication)
Helping Patients with Alcohol Problems

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Initiative commissioned by:
Irish College of General Practitioners (with the support of an educational grant from Merck Pharmaceuticals)

Initiative co-ordinated by:
Irish College of General Practitioners

Running time of initiative:
3 years commencing March 2000

Current state of the project:
Concept development

Short description of the project:
Alcohol use and abuse can be said to have reached epidemic proportions in Ireland, yet our cultural ambivalence seems to have prevented us from taking appropriate action. In keeping with international research and the “National Alcohol Policy”, a strategy document from the Department of Health and Children, 1996, the overall message in relation to alcohol consumption should be “less is better”. General practitioners are in the best position to screen for alcohol abuse and dependence, yet we know that large numbers of patients remain undetected and consequently untreated. This programme will involve the development of materials and training modules to assist general practitioners in detecting and treating alcohol problems in the community.

The materials and information will be offered through training courses, continuous medical education modules, the ICGP website and through the medical and general press. Specific modules will include the elderly, young people, brief intervention techniques, motivational interviewing, women, the workplace, physical complications, referral and treatment.

The aim of the project is to ensure effective, relevant communication to aid GPs in detecting and managing patients with alcohol-related problems.
Results of systematic project evaluation (if any):
Not yet available

Project results so far:
Not yet available

Important factors supporting development and implementation:
- Good infrastructure at Postgraduate Resource Centre at the ICGP
- Project Director well known and experienced in the field
- “Time is ripe” for project to be undertaken in Ireland
- Development supported by ethos of National Alcohol Policy (1996)
- Excellent back-up services at ICGP – library, computer, secretarial support

Most important barriers concerning development and implementation:
- Cultural ambivalence to problem drinking
- Time limitations for GPs to get involved in training
- GPs’ anxiety as to their ability to deal with this issue

Which specific aspects of initiative are especially well developed or otherwise instructive:
Still in the development stage

List available publications, reports, self-descriptions etc:
Not applicable at present
Encouraging Smoking Cessation in General Practice

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Initiative commissioned by:
Smoking Target Action Group of Department of Health and Children

Initiative co-ordinated by:
Irish College of General Practitioners and the Health Promotion Units of regional Health Boards

Running time of initiative:
Phase 1  2 years - commenced April 1998
Phase 2  3 years – commencing April 2000

Current state of the project:
Piloting workshops and materials, and submitting budget to Department of Health and Children for Phase 2

Short description of the project:
Smoking is the greatest single preventable cause of death in Ireland. It is also a major cause of premature death and morbidity. This is recognised in Shaping a healthier future, the government’s strategy document for effective healthcare in the 1990s, which aimed to achieve the target of 80% of the population over 15 years being non-smokers by the year 2000. Brief anti-smoking advice given by general practitioners in routine consultations has been demonstrated to have a beneficial effect on patients smoking cessations rates.

Many initiatives have been developed, or are in the process of development, to assist patients in their efforts to stop smoking. Health Promotion Units regionally, the Irish Cancer Society and a number of hospitals have developed materials and courses to aid in smoking cessation.

Encouraging smoking cessation in general practice is a national project and this is the first time the ICGP has collaborated with Health Boards’ Health Promotion Units (HPUs) in organising a training project. The initial aim was to enable GPs to intervene briefly with patients who smoke. The training consists of workshops on brief intervention, delivered regionally by locally based ICGP tutors (who have received intensive training in smoking
cessation and brief intervention technique) in collaboration with personnel from the regional HPUs, the Irish Cancer Society and the Irish Heart Foundation. Components of the workshop include exploration of the attitudes of participating GPs to smoking and smoking cessation; examination of brief intervention techniques; understanding the Stages of Change model and the concept of making a stage-specific intervention; consideration of the elements of good communication and the opportunity to practice brief intervention.

This workshop was originally designed as a six-hour training module for GPs, run over a single day. However, considerable difficulty was encountered in recruiting GPs to attend full-day workshops and therefore, many of the workshops were adapted to run as a three-hour session. Feedback from participants revealed a high level of satisfaction with the training, in particular with the joint leadership by ICGP and HPU trainers, but some of the support materials were criticised.

Consequently, a shorter format workshop (Phase 2), with revised support materials, has been developed. The revised aim of the project is to enable the largest number of GPs to intervene effectively within the consultation in order to facilitate changes in peoples’ smoking status. The emphasis now is on reaching most of the country’s GPs, not just those interested enough to attend a full day training session. This will be accomplished by running the majority of the workshops through the ICGP’s CME (continuing medical education) network, usually a two-hour evening meeting. Standard CME study leave payment will apply. The training is still delivered jointly by ICGP tutors and HPU trainers.

This shortened workshop was piloted in late 1999 / early 2000 and was well received. The next stage of implementation, after Department of Health and Children approval to continue, will be the recruitment of additional ICGP Skills Fellows to work one-to-one with personnel in the HPUs of each Health Board area, to ensure that the programme can be effectively delivered nationwide.

Results of systematic project evaluation: Feedback from participants in Phase 1 resulted in the development of the revised Phase 2.

Project results so far:
Effectiveness of Phase 1 is difficult to evaluate, as the outcome measure is ultimately the number of smokers who quit, and this has not been measured. A three-stage questionnaire asking participants about the usefulness of the training to them received very positive replies.
Important factors supporting development and implementation:
- Support for the introduction of measures to reduce the number of Irish citizens who smoke in policy and strategy documents by the Department of Health (*Shaping a healthier future*, 1994 and *Building Healthier Hearts*, 2000)
- Support and funding from the Department of Health and Children to develop the project
- Co-operation between the Irish College of General Practitioners and the Health Promotion Units of the regional Health Boards in the development of the modules.
- Appointment of locally based GP tutors who are acceptable to the GPs who are the targets of this educational programme
- Availability of Phase 2 as an educational meeting to be run through the existing CME programme for GPs.

Most important barriers concerning development and implementation:
- Timetabling of educational intervention – GPs not willing to attend a full day workshop
- Suitability of support materials – handouts and videos need to be designed or adapted by the deliverers of the programme and tested on the target group before widespread dissemination within the programme
- Geographical considerations – original areas of responsibility were too large for each of the four ICGP Skills Fellows to cover effectively
- Collaboration with Health Promotion Unit trainers in Phase 1 complicated by each ICGP Skills Fellow having to liaise with several different HPU trainers.

Which specific aspects of initiative are especially well developed or otherwise instructive:
- Liaison between ICGP and the Health Promotion Units of the regional Health Boards has been particularly instructive and interesting
- Planned collaboration with trainers from the Irish Heart Foundation and the Irish Cancer Society will further broaden the scope of the project.

List available publications, reports, self-descriptions etc:
The Management of Smoking Cessation in General Practice by Mark Rowe. Published in 1998 by the Irish College of General Practitioners
Healthy Lifestyles for Young Adults

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Initiative commissioned by:
Irish College of General Practitioners

Initiative co-ordinated by:
Postgraduate Resource Centre, ICGP

Running time of initiative:
Jan 2000 - ongoing

Current state of the project:
Concept development

Short description of the project:
Although adolescents constitute almost 20% of the Irish population, they do not figure highly in health management plans. There is a paucity of data as to their health status and needs. They should be the happiest, healthiest demographic group, yet they are beset with problems, largely resulting from their own risk-taking behaviour. They die in car crashes, many of which are linked to alcohol consumption. They commit suicide in increasing numbers. Almost one quarter smoke cigarettes and the number involved in substance abuse is not quantified, but likely to be significant. Over 3,000 women under 20 give birth in Ireland each year, a rate of 18.6 per 1,000 teenage women. This represents 5% of all births. Abortion is not available in Ireland but at least 700 teenage women have abortions each year in the United Kingdom, a rate of 4.6 per 1,000 teenage women. This figure is likely to underestimate the actual number of abortions, as many women may not give Irish addresses.

National strategy documents from the Department of Health and Children, such as The Plan for Women’s Health, the National Alcohol Policy and Building Healthier Hearts emphasise the importance of promoting healthy behaviour from an early age. The “Women and Crisis Pregnancy” report, commissioned by the Department of Health and Children and published in 1998, prompted the Irish College of General Practitioners to develop this programme to promote healthy lifestyles among teenagers.
International evidence would suggest that teenagers are reluctant to visit their general practitioners for any reason, and particularly for contraceptive advice. If we are to improve the health of Irish adolescents and be effective in lowering the rates of teenage pregnancy, smoking and other risk behaviours, we must facilitate adolescents in making contact with medical services. For many young people, outside of major urban centres, the accessible service is general practice. Therefore, the ICGP proposes a programme specifically aimed at young people, to be developed as part of the preventive strategy within primary care.

All adolescents would be offered a consultation with the GP of their choice to discuss lifestyle issues, particularly:
- Healthy eating and physical activity
- Smoking, alcohol and drug use
- Sexual health
- Management of stress.

This consultation would serve a health education purpose, although the scope of the intervention would be limited by the once-off nature of the consultation. However, this programme will provide the opportunity for the young person to begin developing a personal relationship with the GP and to discuss issues with an assurance of confidentiality.

The programme will have specific training needs for participating GPs. Training will be offered to all GPs, on a national basis. Funding for the programme has to be secured from the Department of Health and Children.

An essential prerequisite for the success of the programme is that it will be presented in a format, which is acceptable to the target group. Thus, a teenage consultation process has been initiated and is currently being piloted (May 2000) in a number of schools. This consultation process involves interactive workshops with teenagers, jointly run by a theatre group and three GPs (Drs Mary Favier, Sinead Cotter and Rory Lehane). It will address areas such as:
- What general health information do teenagers have and what is its accuracy?
- Where do they currently receive their information?
- Who are the influential figures in teenagers’ lives?
- Would they welcome GPs as a reliable source of information?
- What methods of communication should GPs use?

The findings of this consultation process will then influence the further development of the programme.

Results of systematic project evaluation (if any):
Not available
Project results so far:
Not available

Important factors supporting development and implementation:
- “Time is ripe” for project to be undertaken in Ireland with the imminent publication of a Child Health strategy, the targets on smoking, nutrition and exercise outlined in the cardiovascular strategy “Building Healthier Hearts” (2000) and the aim of reducing teenage pregnancy rates outlined in the “Plan for Women’s Health” (1997).
- National acceptability of Postgraduate Resource Centre by GPs as an appropriate body to develop such programmes and educational initiatives.
- Experience of staff at Postgraduate Resource Centre in developing initiatives and educational programmes.

Most important barriers concerning development and implementation:
- Role of general practitioners in preventive health strategies not clearly developed in Ireland.
- Diversity of opinion among GPs as to their appropriate level of involvement in matters of teenage sexual health.

Which specific aspects of initiative are especially well developed or otherwise instructive:
Not applicable to concept development

List available publications, reports, self-descriptions etc:
None at present

Other Initiatives

A number of other initiatives are ongoing:
- Education programme for GPs on the introduction of National Breast Screening Programme
- Education programme for GPs on the introduction of National Cervical Screening Programme
- Shared care initiatives in the care of patients with Diabetes Mellitus
- Education programme for GPs on the management of Diabetes Mellitus
- Diploma in Therapeutics by distance learning
- Distance learning course on Palliative Care
Part A II: Description for the description of National Guidelines / National Guidance Documents for POHP

There are relatively few guidelines / national guidance documents which are relevant to health promotion. As there are currently no obligations or specific remuneration for adhering to specific guidelines or incentives for reaching specific targets, there has been no incentive to develop such documents. The Irish College of General Practitioners has commissioned a number of guidelines on clinical topics, which are distributed to all members. There is no evaluation process, in terms of the quality, applicability or utilisation of the guidelines. They are intended as aids to quality practice.

Guidance Documents

Clinical Protocols

Range of publications providing guidelines for the management of common problems in general practice.
Diagnostic and Management Guidelines for Asthma by Reggie Spellman (1996)
Counselling in Practice: a Guide for General Practitioners by Austin O’Carroll and Margaret O’Riordan (1997)
The Management of Smoking Cessation in General Practice by Mark Rowe (1998)
The Management of Back Pain in General Practice by Brendan O’Shea (1998)
Childhood Immunisation: How to achieve a 95% target by Peter Harrington (1998)
National Breast Screening Programme: An educational package for general practice by Claire McNicholas, Ailís ní Riain and Michael Boland (2000)

For complete list of publications see ICGP publication list (enclosed).

Clinical Factfiles

Single A4 pages providing desktop guidelines for the management of common conditions. Examples:
- Dementia
- Diabetes Mellitus
- Emergency contraception
- ICGP Asthma record card
- Flow sheet for the management of asthma
- Blood pressure management chart
- Coronary Risk Chart

Patient Information Leaflets

The ICGP also produces a selection of patient information leaflets, which can be ordered by members for distribution in their practices. For complete list of publications see ICGP publication list (enclosed).
Part B: Relevant Pre-conditions for POHP in General Practice

What are the general characteristics of the health care system and specific characteristics of General Practice relevant for POHP in your country?

General Overview of the Health Care System

The health system is a two-tier system with a unique mix of public and private financing. The Department of Health and Children is responsible for policy making in the field of healthcare. It sets the annual health service budget, reviews existing services and initiates proposals for new service developments and initiates regulatory and legislative changes. Planning, organisation and implementation of health care at regional level are the responsibility of eight Health Boards / Regional Health Authorities. The providers of health services include independent pharmacists (retail chemists) and GPs, voluntary general hospitals (some of whose beds are private), public general hospitals (some of whose beds are private), public general hospitals (some of whose beds are private), public special hospitals (for geriatric, mentally handicapped and psychiatric patients), community health services (including home nursing, dental, aural and ophthalmic services) and private general and psychiatric hospitals.

The principal source of finance is general taxation, however voluntary insurance also plays an important role with over 40% of the population covered by insurance schemes. The principal payer in the system is the Department of Health and Children. Non-capital expenditure on the healthcare was Ir£2.5 billion in 1998, representing 6.5% of GDP. Fifty-one per cent of the healthcare budget was spent on general hospitals with 17% going to community health services, including general practice. Central taxation is the most important source of financing, accounting for up to 90% of total funding. Personal contributions and user charges constitute secondary sources. Entitlement to health services depends on the eligibility, which depends on personal income. There are two categories.

Persons with Category One eligibility are individuals who are judged to be unable to arrange GP services for themselves and their dependents without undue hardship. Such persons and their dependents have full eligibility for all health services without charge, including free GP and pharmaceutical services; free outpatient and inpatient services (including consultant services) in public hospitals; free dental, ophthalmic and aural services and a free maternity and infant care service. Some 36% of the population is covered by this General Medical Services scheme. The “medical card” which is required for this category is provided by the Health Boards / Regional Health Authorities. Entitlement to a medical card depends upon personal income and circumstances. Income guidelines are revised each year.

The remainder of the population have Category Two eligibility. These persons are entitled to all inpatient public hospital services in public wards (including consultant services) subject to certain charges; all outpatient public
hospital services (excluding dental and routine ophthalmic and aural services); a free maternity and infant care service and a refund of expenditure on prescribed drugs and medicine in excess of Ir£42 per month.

There is free access, whatever the category, to treatments for infectious diseases and community protection programmes and hospital treatment for certain diseases for children under 16.

43% of population have supplementary health insurance. Up to 1995, the state-owned Voluntary Health Insurance Board (VHI) had a monopoly on the provision of this service. The only new provider, since the monopoly was lifted, is BUPA Ireland. Both companies sell their products on a community rating basis at present i.e. all members in the scheme pay the same premium, regardless of risk. Subscribers can choose different levels of cover and pay accordingly. Essentially, there is no cover for general practice services, as a patient cannot claim until they have attended their GP more than twenty times in one year. Debate has been initiated about introducing a comprehensive primary healthcare scheme, but there is little agreement on the proposed details of such a scheme at present. The cost of health insurance is partially tax deductible.

**Specific Situation of General Practice in Ireland**

There are 2,427 GPs in the country (87% in full-time practice and 89% in permanent positions). They effectively have a gate-keeping position to secondary care as specialists are advised to see patients only on referral from a GP and the majority adhere to this guideline. Failure to do so constitutes a breach in ethical conduct and can result in a “Fitness to Practice” inquiry by the Irish Medical Council.

The GP service exists within the two-tier system described above. The General Medical Services (GMS) scheme is the public scheme that covers about 1.3 million people (approximately one third of the population). Under this scheme, eligible patients are entitled to free medical services and can choose their own GP from the 80% of GPs who participate in the scheme. The remaining 20% of GPs work exclusively in the private sector or in occupational medicine. Entrance of GPs to the public scheme is regulated by the Health Boards / Regional Health Authorities. As there is a demand for such positions, appointment to this scheme is competitive. Besides providing medical care for patients under the public scheme, many GPs also provide care for private patients.

GPs are private entrepreneurs. For their public patients they receive a variable capitation payment depending on age, gender and geographical location of their patients. There are also provisions in the General Medical Services scheme contract for pensions, sickness benefit, holiday pay, maternity leave for female doctors and support for continuing medical education. Private patients pay a fee for services, which is not reimbursed by the private medical insurance bodies at present. Out of hours cover is provided through GP co-operatives, locally arranged rotas or the use of deputising services.

The majority of GPs work from privately-owned, converted premises although there is a move towards purpose-built buildings, at least partially funded by the Health Boards / Regional Health Authorities. There is a
move towards group practice, encouraged by strategy documents from the Department of Health and Children and supported by the Irish College of General Practitioners, but 51% of GPs are currently single-handed. 31% of practices employ a practice nurse.

The overall gender profile of general practitioners is 70% male and 30% female, but the balance is changing. Almost 50% of GPs under the age of 40 years are female, as are 70% of GPs in training. This feminisation of general practice will affect the whole spectrum of practice organisation and development in the future.

The foundation of the Irish College of General Practitioners (ICGP) in 1984 provided a co-ordinated approach to the development of general practice as a unique discipline in medicine. The aim of the college is to maintain the highest possible standards of care for patients through improved training, education and research. The college is strongly supported by GPs, approximately 90% of whom are members. A three-year postgraduate training programme with an exit Membership examination is run by the ICGP. There is a national network for Continuing Medical Education (CME). Attendance is voluntary at present and 60% of members consistently attend CME meetings. Academic activities, including national programmes in areas such as smoking cessation, women’s health, computerisation and regional research networks are organised through the Postgraduate Resource Centre. The college organises national scientific meetings and publishes a college journal.

The national representative organisation, the Irish Medical Organisation (IMO) represents all doctors (specialists, general practitioners, non-consultant hospital doctors, and public health doctors). The GP Committee of the IMO negotiates with any agency with a contractual relationship with GPs and also seeks to give leadership in defining strategy and policy initiatives to influence government planning on developing the potential of general practice. There is a close and harmonious relationship between the IMO and the ICGP and they have collaborated in an agreed joint strategy for the future of general practice.

Health promotion is not currently defined as part of the professional role.

Current POPH practice in GP

There have been no scientific studies or systematic inquiries exploring the extent of health promotion activities in routine general practice, nor of exploring organisational factors relevant to patient-oriented health promotion in general practice.

Disease prevention initiatives are difficult to organise in Ireland as only the one-third of the population who qualify for the General Medical Services scheme are registered with a GP. The remaining two-thirds of the population, the private patients, may choose their own GP and many will attend more than one GP or change GPs regularly. Therefore, private patients do not register with a single GP.
Preferences and Expectations

There has been no systematic inquiry or survey investigating GPs’ opinions of their role in health promotion or the extent of their involvement in health promotion activities.

There has been no systematic inquiry or survey exploring patients’/users’ expectations of or preferences for health promotion in general practice.

Structural preconditions for the development and current practice of POHP in General Practice

Laws, Rules and Regulations

There are no specific laws relevant to the development of POHP in general practice. GPs are not generally obliged to document health promotion activities at present, with the exception of childhood immunisation. This is likely to change in the near future, initially in specific initiatives such as the prevention of cardiovascular disease and the cervical screening programme.

Childhood immunisation attracts a fee-per-item at present and it is likely that cervical smear testing will be similarly organised. No agreement has yet been reached about the involvement of GPs in the prevention and early detection of cardiovascular disease. Funding comes from the regional Health Boards / Regional Health Authorities. Other health promotion or health education activities currently attract no specific funding. There are no target-related payments or bonuses in the childhood immunisation scheme.

National Strategy Documents

The Department of Health and Children have produced a number of strategy documents and national plans. Many of these are of particular relevance to health promotion, although the majority do not specifically refer to health promotion activities in general practice. This is understandable in the context of the disease-oriented nature of the contract between the authorities and GPs for the provision of health care that exists at the current time.
Strategy Document #1

Title:
Shaping a healthier future: a strategy for effective healthcare in the 1990s

Date of Publication:
1994

Commissioning and developing authority:
Department of Health

Overview from GP perspective:
Outlines general targets in health promotion and disease prevention. Four-year action plan with targets (1994-7) e.g. regarding health promotion, the target is "to develop health promotion programmes in school, community, workplace and health service settings so as to promote health at local level". The priority targets identified are in the areas of:
- Smoking
- Alcohol
- Nutrition and diet
- Cholesterol and blood pressure
- Exercise
- Causes of accidents.

There are no specific targets for health promotion in general practice. No information is currently available as to the success in achieving targets.

Subsequent National Strategy Documents:

The Department of Health and Children, working through the Health Promotion Unit and specific strategy groups has published the following strategy documents / national policies:
- A Health Promotion Strategy – making the healthier choice the easier choice (1995)
- National Alcohol Policy (1996)
- Cancer Services in Ireland: A National Strategy (1996)
- Adding Years to Life and Life to Years (1998)
These strategy documents set out general targets in the areas they address. While the importance of the role of the general practitioner is acknowledged in all documents, there are no specific targets detailed in relation to general practice. No evaluation is available at present, but evaluation is ongoing in a number of the initiatives.

Strategy Document #2

Title:

Date of Publication:
1999

Commissioning authority:
Department of Health and Children

Developing authority:
National Immunisation Committee of the Royal College of Physicians of Ireland

Overview from GP perspective:
These guidelines, which are updated every 18-24 months, provide simple and concise information on all commonly used immunisations, including the childhood immunisation schedule, immunisation and health information for travellers and immunisation for healthcare workers.

Strategy Document #3

Title:
Building Healthier Hearts

Date of Publication:
1999

Commissioning authority:
Department of Health and Children

Developing authority:
Cardiovascular Health Strategy Group established by the Department of Health and Children
Utilisation of guidance:
This strategy outlines specific recommendations in tackling cardiovascular disease in Ireland in the areas of:
- Health promotion
- Primary care
- Pre-hospital, hospital care and rehabilitation
- Information systems

It clearly outlines the current organisational and infrastructural limitations of primary care in the prevention of cardiovascular disease. It identifies key areas of involvement of general practice and makes more than fifty specific recommendations regarding identification and management of high-risk individuals, the management of identified disease and secondary prevention. Plans are currently being developed to begin implementation of the recommendations.

Strategy Document #4

Title:
Best Health for Children

Date of Publication:
1999

Commissioning authority:
Health Boards / Regional Health Authorities

Developing authority:
National Conjoint Child Health Committee (Authors: Dr Sean Denyer, Dr. Lelia Thornton, Dr. Heidi Pelly).

Utilisation of guidance:
The aim of this review was to define a programme for child health surveillance in the pre-school and primary school age group, the content of which would be based on best available evidence. This is the first in a series of reviews of child health issues. The role of the GP in the delivery of services remains to be clarified.
Education and Training

Basic medical education: There are five medical schools in Ireland with a five or six year undergraduate programme resulting in the awarding of the MB BCh BAO degree. Undergraduate medical education is organised in pre-clinical and clinical components, although curriculum developments are ongoing to develop more systems-based teaching. Each medical school has a department of General Practice, headed by a Professor.

Health promotion is taught throughout the undergraduate curriculum, particularly by the Departments of Epidemiology and Public Health and General Practice. Early patient contact programmes in the first or second years concentrate on the influence of social circumstances on the health status of the community. Communication skills modules are taught in all medical schools.

Post-graduate Training in General Practice: Post-graduate training in General Practice is by way of a three-year scheme – two years in appropriate hospital attachments and one year as a GP registrar in a training practice. It is likely that the training scheme will be extended to either four or five years in the near future, to harmonise with other specialist training. There are a total of 55 places in the ten training schemes each year. Trainees have day release teaching weekly throughout the training programme. Completion of training is signalled by exit examination (Membership of the Irish College of General Practitioners). Entry of one’s name on the Register of Medical Specialists as a General Practitioner is voluntary at present.

Consultation and communication skills and the principles of health promotion, population screening and early detection of disease are taught throughout the three-year training programme, in the day release programme, in tutorials, in special study modules and through individual research projects.

Continuing Medical Education: Attendance at CME is voluntary and approximately 60% of Irish GPs are consistent attenders. CME is delivered through geographically based small groups led by CME tutors who are themselves practicing GPs and through monthly presentations organised by local faculties.

Communication skills, health promotion and population screening are regular components of CME. The following are examples of topics regularly covered in CME and are taken from the Tutor topic bank:

- Adolescent gynaecology (developing guidelines)
- Alcohol – early detection and intervention (discussion)
- Cervical smears (designing a patient information leaflet)
- Changing patient behaviour (teaching / role play)
- Immunisation (ICGP protocol)
- Six week baby check (Protocol)
Policies, Programmes and Projects

There is no explicit policy / explicit statement concerning the professional role of GPs in health promotion. There are no specific programmes relevant to POHP in general practice.

The Irish Medical Organisation has proposed the development of a preventive medicine package for general practice with specific remuneration for health promotion and screening activities. This package is currently under negotiation with the Department of Health and Children, in the context of the introduction of a GP-based cervical screening programme and the implementation of the recommendations of the cardiovascular strategy.

References


ICGP Services Ltd. Publication List and Order Form


Inclusions

4. ICGP Services Ltd. Publication List and Order Form
8. Range of Clinical Factfiles from the ICGP.